

Renwal\_\_\_Change\_\_\_

**TOWN OF BLUFFTON**

20 Bridge Street, P. O. Box 386

Bluffton, SC 29910

Phone (843)706-4501

Fax (843)757-6720

**2010**

**APPLICATION FORM**

\_\_\_ RENEWAL \_\_\_ CHANGE \_\_\_ CLOSURE

BUSINESS NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

CLOSURE DATE: \_\_\_\_\_

MAILING ADDRESS:

STREET/BOX NUMBER

CITY

STATE

ZIP

PHYSICAL ADDRESS:

STREET/SUITE NUMBER

CITY

STATE

ZIP

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**OWNERSHIP INFORMATION**

\_\_\_ CORPORATION \_\_\_ PARTNERSHIP \_\_\_ INDIVIDUAL NUMBER OF EMPLOYEES \_\_\_\_\_

NAME OF OWNER, PARTNERSHIP, and/or PRINCIPAL: \_\_\_\_\_

Contact Person: \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ (OR) SOCIAL SECURITY # \_\_\_\_\_

SC STATE CONTRACTOR # \_\_\_\_\_ REAL ESTATE LIC# \_\_\_\_\_ SC RETAIL# \_\_\_\_\_

WILL THERE BE LIVE ENTERTAINMENT ON PREMISES? \_\_\_NO \_\_\_YES

HOME OCCUPATION? \_\_\_NO \_\_\_YES

IS HAZARDOUS WASTE INVOLVED IN BUSINESS OPERATION? \_\_\_NO \_\_\_YES

CHANGE IN USE? \_\_\_NO \_\_\_YES

(If yes to either, please attach description)

**\*\*For Renewals/Business Closings Only\*\***

**COMPUTATION OF LICENSE FEE**

Compute your fee according to the following schedule:

Gross income for preceding **2009** calendar or **2009** fiscal year. (please specify which)

**GROSS INCOME**

\$ \_\_\_\_\_

A. Minimum payment on first \$ \_\_\_\_\_

\$ \_\_\_\_\_

B. Add \$ \_\_\_\_\_ per \$1,000.00 over \$ \_\_\_\_\_

\$ \_\_\_\_\_

C. Add 5% penalty per month if postmarked after April 15, 2010.

\$ \_\_\_\_\_

D. Total License Fee

\$ \_\_\_\_\_

I (WE) DO HEREBY CERTIFY THAT THE ABOVE INFORMATION AND AMOUNT RETURNED AS GROSS INCOME FROM MY BUSINESS IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTIONS EXCEPT INCOME ON WHICH I HAVE PAID A BUSINESS LICENSE TAX TO ANOTHER CITY OR COUNTY, FOR WHICH I HAVE PROOF OF PAYMENT. I AM FAMILIAR WITH THE PENALTY PROVISIONS OF THE ORDINANCE AND THE GROUNDS OR REVOCATION OF THE LICENSE, INCLUDING MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I CERTIFY THAT ALL BUSINESS PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE CITY/COUNTY HAVE BEEN PAID, AND THAT THE ABOVE BUSINESS NAME IS THE SAME AS REPORTED ON DOCUMENTS FILED WITH THE STATE AND FEDERAL GOVERNMENTS. I UNDERSTAND THAT MY BUSINESS TAX RETURNS AND OTHER DOCUMENTS MAY BE INSPECTED BY THE TOWN OF BLUFFTON TO VERIFY GROSS INCOME OR OTHER BUSINESS DATA.

Signature/Authorized Representative

Title

Date

**\*\*FOR OFFICE USE ONLY\*\***

LICENSE NUMBER: \_\_\_\_\_

SIC/NAICS CODE: \_\_\_\_\_

RATE CLASS: \_\_\_\_\_

CITY: Bluffton COUNTY: Beaufort

TAX MAP # \_\_\_\_\_

CODE CLEARANCE:

\_\_\_ ZONING \_\_\_ INSPECTION \_\_\_ FIRE \_\_\_ HEALTH

ZONING DISTRICT: \_\_\_\_\_

PAYMENT RECEIVED: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

Renwal\_\_\_Change\_\_\_

**TOWN OF BLUFFTON**

20 Bridge Street, P. O. Box 386

Bluffton, SC 29910

Phone (843)706-4501

Fax (843)757-6720

**2010**